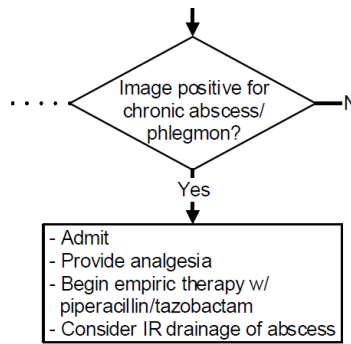
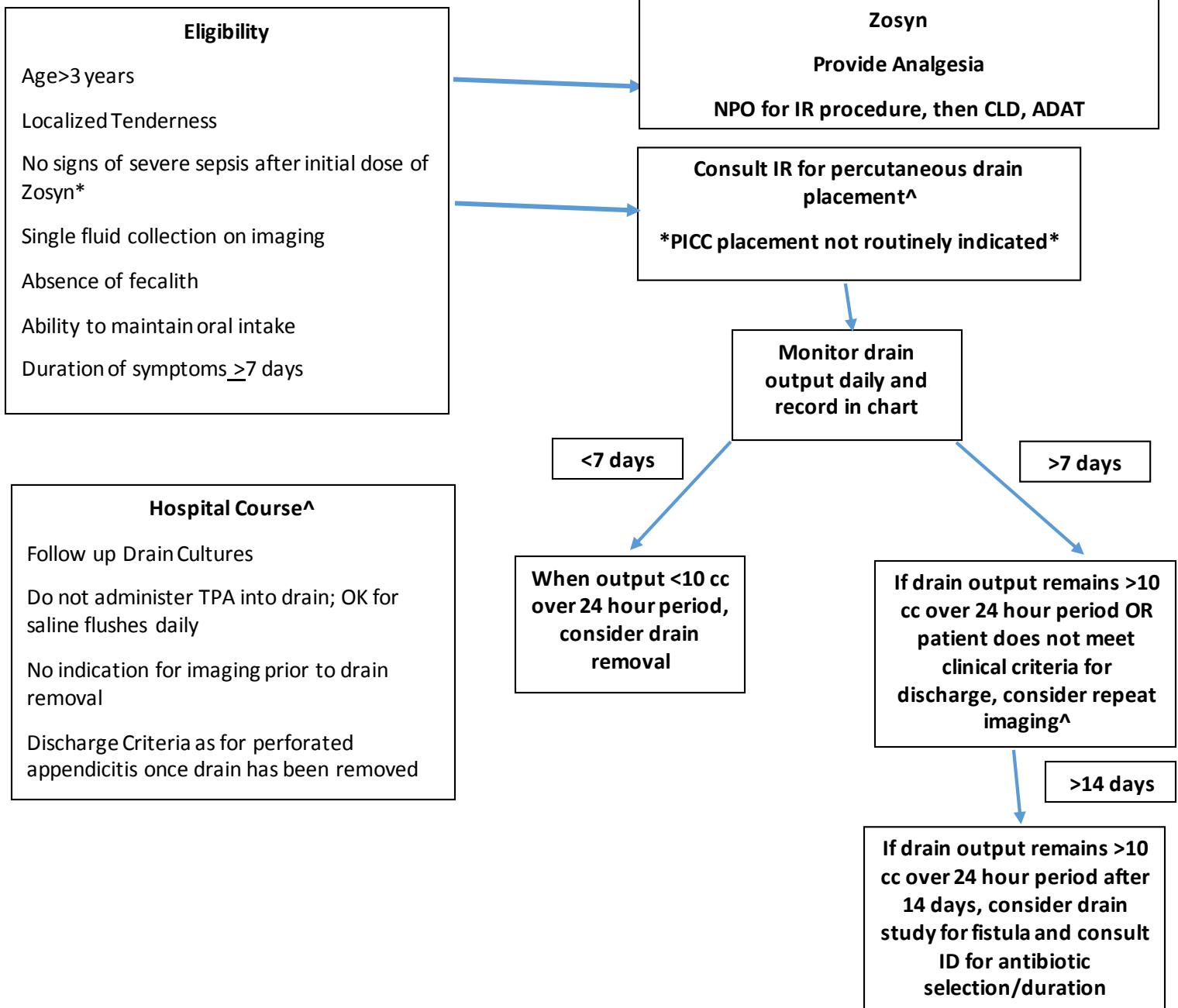


Non-Operative Management of Perforated Appendicitis



Consider cross sectional imaging if patient BMI>30



Discharge Planning

DC with Augmentin (or other oral antibiotic based on culture data) to complete a 10 day course

Schedule follow up with admitting surgeon 2-3 weeks post operatively

Consider interval appendectomy 6-12 weeks post index admission

^ Off-Algorithm Scenarios:

- If IR is unable to place drains at initial presentation due to multiple or inaccessible fluid collections
- If the patient, on daily assessment, has clinical signs of continued infection/sepsis
- If the patient would require additional drains for persistent/new collections

Discuss with admitting surgeon and consider appendectomy vs. off protocol management

Exclusion Criteria

Recurrent Presentation
Immunocompromised

Severe Sepsis Criteria

Pediatric SIRS Criteria (≥1 of the criteria from Column 1 AND Column 2)								
Column 1 (≥1 of the below criteria)					Column 2 (≥1 of the below criteria)			
Age Group	Core Temperature (°C)		Leukocyte Count (Leukocytes ×10 ³ /mm) ³		Heart Rate (Beats/Min) ¹		Respiratory Rate ²	Systolic Blood Pressure (mmHg)
	Hypothermia	Hyperthermia	Leukopenia	Leukocytosis	Bradycardia	Tachycardia	(Breaths/Min)	
0 days to 1 wk	<36	>38.5	NA	>34	<100	>180	>50	<65
1 wk to 1 mo	<36	>38.5	<6	>19.5	<100	>180	>40	<75
1 mo to 1 yr	<36	>38.5	<6	>17.5	<90	>180	>34	<100
2-5 yrs	<36	>38.5	<6	>15.5	NA	>140	>22	<94
6-12 yrs	<36	>38.5	<4.5	>13.5	NA	>130	>18	<104
13 to <18 yrs	<36	>38.5	<4.5	>11	NA	>110	>14	<117

Severe Sepsis

Sepsis plus one of the following:

- (1) Cardiovascular dysfunction³
- (2) Acute respiratory distress syndrome³
- (3) Two or more organ dysfunctions³